

Application For Change of Name of Notary Public

STATE OF SOUTH CAROLINA

County of _____

Certificate No.	_____
Date Issued	_____
Fee Paid	_____
This Space for Office Use Only	

To: Secretary of State of South Carolina

Name on original application _____
(Print)

Date original Commission issued _____

Name to be changed to _____ Sex _____
(Print)

Present Street Address _____ County _____

City and Zip Code No. _____ Social Security No. _____

Date of Birth _____ Race _____ Occupation _____

Do you possess qualifications of an elector as provided in Article XVII, Section 1, of the Constitution of 1895?

(Registered voter) _____

Date _____

Signature of Applicant
(Sign name as you ordinarily sign)

Sworn to and subscribed before me this _____

_____ day of _____, _____

Notary Public of S. C.

My Commission expires _____

MAIL THIS APPLICATION TO
SECRETARY OF STATE
P.O. BOX 11350
COLUMBIA, SOUTH CAROLINA 29211
TOGETHER WITH REQUIRED FEE OF \$10.00